

UNITED STATES DISTRICT COURT

for the
< _____ > DISTRICT OF < ALASKA AND NEW JERSEY >

<Name(s) of plaintiff(s)>,

FESTUS O. OHAN

v.

<Name(s) of defendant(s)>,

AMERICAN MEDICAL ASSOCIATION, NATIONAL
BOARD OF MEDICAL EXAMINERS,
FEDERATION OF STATES MEDICAL BOARD, AMERICAN
HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN
MEDICAL COLLEGES.

Case No. <Number>

3:23-CV-00047-SLG

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Date:

My issues on appeal are: YOUR DISTRICT COURT OF ALASKA HAVE JUDGES WITH MIGHTY PERSONAL PROBLEMS. THIS CASE WAS IN NEW JERSEY AND CASE WAS IN ARBITRATION TO DESIDE AMOUNT TO BE PAID TO ME AFTER FEDERAL DECISION. THEY ADMITTED FAULT BUT I WAS BEING SEVERELY INJURED AND BEING KILLED AT THIS TIME. I REVEALED THE CASE WHEN I WAS BETTER
1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

1. Pay/Wages	Employer(s) (including self-employment)	Gross Annual Pay/Wage
You	ANCHORAGE SCHOOL DISTRICT 5530 E. NORTHERN LIGHTS ANCHORAGE, ALASKA 99504 PHONE (907) 742-4116	\$5,000 (for 2022 and 2022-2023)
Spouse	UNMARRIED	\$

2. Select whether you or your spouse have received income from the below sources over the past 12 months. If yes, on an attached sheet, identify each source of money and the gross amounts you or your spouse (1) have received over the past 12 months and (2) expect to receive in the future.

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Income from real property |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Interest or dividends |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Alimony or child support |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Retirement (including social security, pension, or annuity) \$8000/year |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Disability or worker's compensation |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Public Assistance or welfare (including unemployment) |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Inheritance or life insurance |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Gifts |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Other sources ASD part-time day to day substitute teacher school days |

3. Are you currently incarcerated?

☐ Yes

☒ No

BUT I HAVE BEEN HELD HOSTAGE SINCE AGE 4 AFTER I WAS COMPREHENSIVELY TRAINED AS A PRINCE BY PARENTS SINCE AGE OF 4.

If yes, you must (1) complete and submit Form 6A (Supplemental In Forma Pauperis Form for Prisoners Authorization) and (2) attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, attach one certified statement of each account.

4. Describe and identify the value of any property, holding, or other thing of value owned by you or your spouse that exceeds \$1,000 in current worth.

THE ENTIRE WORLD FOR MY PARENTS BUT,
ARE HELD AT 100% BY INVADERS - LAND
AND OTHER TREASURES.

5. Identify the names (or initials, if under 18) of all persons who are dependent on you or your spouse for support, their relationship to you, and your contribution to their support.

NONE EXCEPT FOR MY BUSINESS CALLED
CONSULTANT CONSORTIUM CORPORATION
WHICH DEFENDANTS ARE HOLDING SINCE
MY AGE OF 4 AND ABSOLUTELY NOTHING
COMING TO ME BUT TO SPEND MY LIFE-LINE
EARNINGS ON IT.

6. Identify any debts, financial obligations, or monthly expenses for you and your spouse.

I AM OWING APPROXIMATELY \$3,000
ON MY CREDIT CARD FROM MY BANK -
WELLS FARGO BANK INC.

7. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No

If yes, describe below.

ANCHORAGE SCHOOL DISTRICT IS NOW SHUT DOWN FOR BUSINESS UNTIL AUGUST 28, 2023 FOR THE SUMMER AND AS A SUBSTITUTE TEACHER, I RECEIVE NOTHING AND ABSOLUTELY NO RETIREMENT BENEFITS.

8. Total amount of money you and your spouse have in cash, checking accounts, or savings accounts: \$ ~1,200⁰⁰

9. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?

☐ Yes

☒ No

If yes, identify the docket number(s): _____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States that my answers on this form are true and correct. See 28 U.S.C § 1746.

Date: 5/23/2023

Signature: _____

Name: FESTUS O. OTTAN

BAR EXAMINER # 114445

LEGAL # 555-41-2496

JUDICIAL # MO9-604586

DOJ # 569460

NBME # 353365

UNITED STATES DISTRICT COURT

for the
< _____ > DISTRICT OF < ALASKA >

<Name(s) of plaintiff(s)>,

FESTUS O. OHAN
V.

AMERICAN MEDICAL ASSOCIATION,
<Name(s) of defendant(s)>, NATIONAL
BOARD OF MEDICAL EXAMINERS, FEDERATION
OF STATES MEDICAL BOARD, Defendant(s)
AMERICAN HOSPITAL ASSOCIATION
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Date: May 23, 2023

I REQUESTED THAT THIS CASE SHOULD NOT BE ASSIGNED TO JUDGE SLG AND THEY DID ANYWAY.

My issues on appeal are: YOUR DISTRICT COURT OF ALASKA HAVE

JUDGES WITH MIGHTY PERSONAL PROBLEMS. THIS CASE WAS IN NEW JERSEY AND CASE WAS IN ARBITRATION TO DESIDE AMOUNT TO BE PAID TO ME AFTER FEDERAL DECISION. THEY ADMITTED FAULT BUT I WAS BEING SEVERELY INJURED AND BEING KILLED AT THIS TIME. I RENEWED THE CASE WHEN I WAS

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

DAY TODAY
PART TIME SUBSTITUTE TEACHER

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$1,200	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$670	\$	\$670	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$1,870	\$	\$670	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
ASD	SAME	2021	\$12 ⁰⁰
ASD	SAME	2022	\$5,100
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
UNEMPLOYED			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 1,200

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
WELLS FARGO BANK	CHECKINGS	\$1,200.00	\$
" " "	SAVINGS	\$310.00	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ <u>300.00</u>
NONE	Ø	Make and year: <u>2001 CHRYSLER</u>
		Model: <u>PT CRUISER</u>
		Registration #: <u>LBD 881</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #: NONE		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE EXCEPT FOR DEAC DEMIC SPONSORSHIP AND THEY WANT ME DEAD	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
NONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 335	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$

Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 300	\$
Clothing	\$ 50	\$
Laundry and dry-cleaning	\$ 10 ⁰⁰	\$
Medical and dental expenses	\$ 50	\$
Transportation (not including motor vehicle payments)	\$ 100	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 120	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 0	\$
Other: AUTO INSURANCE	\$ 120	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name): WELLS FARGO VISA	\$ 180	\$
Department store (name):	\$ 0	\$
Other: CONSULTANT CONSORTIUM	\$ 300	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): MAILING, PRINTING ETC COURTS	\$ 435	\$
Total monthly expenses:	\$ 2000	\$

2,375 / Court expenses are temporary. I will reduce amount to credit card and others this summer

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

ANCHORAGE SCHOOL DISTRICT IS CLOSING DURING SUMMER AND I WILL NOT HAVE INCOME

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [] Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. THE SCHOOL DISTRICT (ASD) IS CLOSED THIS SUMMER AND I AM ONLY A DAY TO DAY PART TIME SUBSTITUTE TEACHER. THE U.S. ET AL ARE HOLDING ME HOSTAGE SINCE ABEL AND DUNG INTELLECTUAL STEAL FOR I AM NOT A HUMAN.
12. State the city and state of your legal residence. ANCHORAGE, ALASKA

Your daytime phone number: (907) 222-4929 HOME (360) 390-8921 CELL

Your age: 67 Your years of schooling: I AM YOUR BEST (POST GRADUATE DOCTORATE)

Last four digits of your social-security number: 2190